CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Daity Clerk's Office of Official Use Only

APR - 3 2017

RECEIVED

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
BARBADILIO	GARM	DOMINGD
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
CITY OF MILPITAS		
Division, Board, Department, District, if applicable		24426 0 245000.70
CITY COUNCIL	4190	MINCILMEMBER
► If filing for multiple positions, list below or on a		
Agency: Santa Clara County L Joint Powers for	Thravy District Position:	Member
2. Jurisdiction of Office (Check at least of	,,	
State	☐ Judge or Cou	urt Commissioner (Statewide Jurisdiction)
Multi-County	County of	
Dity of MILPING	Other	
Type of Statement (Check at least one	box)	
Annual: The period covered is January 1, 2 December 31, 2016.	2016, through Leaving Off (Check one)	fice: Date Left
The period covered is	, through O The period leaving of the	od covered is January 1, 2016, through the date of office.
Assuming Office: Date assumed		od covered is/, through of leaving office.
Candidate: Election year	and office sought, if different than Part 1: _	
4. Schedule Summary (must complet	e) ► Total number of pages includir	ng this cover page:
Schedules attached		, 5
Schedule A-1 - Investments – schedule a Schedule A-2 - Investments – schedule a Schedule B - Real Property – schedule a	attached Schedule D - Income	e, Loans, & Business Positions – schedule attached e – Gifts – schedule attached e – Gifts – Travel Payments – schedule attached
-or-		
☐ None - No reportable interests on a	ny schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen	CITY	STATE ZIP CODE
455 E. CALAVERK	BLVO. MILPITAS	CA 95035
DAYTIME TELEPHONE NUMBER (508) 777 1784	E-MAIL ADDRESS	ybarbadillo (Pychro.com
	his statement. I have reviewed this statement and complete. I acknowledge this is a public docume	to the best of my knowledge the information contained ent.
I certify under penalty of perjury under the law	ws of the State of California that the foregoing	is true and correct.
Date Signed 3/3//2017	Signature	The second second
(month, day, year)		ile the originally signed statement with your filing official.)
		EPPC Form 700 (2016/2017)

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 70	0
Name	
GARPY BARBADILLO	

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
LAW OFFICE OF GASHY BANBADILIO ADDRESS (Business Address Acceptable) (4 CORNING AVE, SAC. 134 MILITIS, CA	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
16 CORMING AVE, STE. 134 MURTIS CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
ATTORNEY /OWNER	
YOUR BUSINESS POSITION ATTOKNEY / OW NEW	YOUR BUSINESS POSITION
ATTORNEY/OWNER	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000	\$1,001 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.) Loan repayment	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
retail installment or credit card transaction, made in th	lending institutions, or any indebtedness created as part of a e lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
1000000 (0	%
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
DUCINESS ACTIVITY IF ANY OF LENDED	☐ None ☐ Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
<u></u> \$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000 	
OVER \$100,000	Other(Describe)
	(Describe)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name GARRY BARBADILLO

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
LAW OFFICE OF GARRY BARBADI	\mathcal{W}
Name 16 COFNING AVE, SE 134 MILPITE LA PORT	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
LAW PRACTICE	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000	\$0 - \$1,999 \$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
≥ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME-OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	☐ None or ☐ Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
LAW OFC. OF GAMMY BARBADILW ICCORNING, ME, SH	
Name of Business Entity, if threatment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
LAW OFFICE	
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	•
Comments: LAW OFFICE LEASING STATE	FPPC Form 700 (2016/2017) Sch. A-2 FPPC Advice Email: advice@fopc.ca.gov



(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

City Clerk's Office

MAR 1 0 2017

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) RECEIVED **MARSHA** GRILLI 1. Office, Agency, or Court Agency Name (Do not use acronyms) CITY OF MILPITAS COUNCILMEMBER Division, Board, Department, District, if applicable Your Position ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State County of _ Multi-County . **MILPITAS** City of Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left ____/___ December 31, 2016. -or-The period covered is ______, through O The period covered is January 1, 2016, through the date of leaving office. December 31, 2016. -10-Assuming Office: Date assumed _____/____ O The period covered is __ the date of leaving office. _____ and office sought, if different than Part 1: _ Candidate: Election year ___ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-■ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STATE ZIP CODE CITY (Business or Agency Address Recommended - Public Document) 455 EAST CALAVERAS BLVD **MILPITAS** CA 95035 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS 408) 5863031 mgrilli@ci.milpitas.ca.gov I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 3-10-17 **Date Signed** Signature

(File the originally signed statement with your filing official.)

FPPC Form 700 (2016/2017)

FPPC Advice Email: advice@fppc.ca.gov

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
GRILLI

(Ownership Interest is 10% or Greater)

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
MARSHA GRILLI	
Name 1182 Pescadero St , Milpitas , CA 95035	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS preschool/daycare	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$\begin{array}{cccccccccccccccccccccccccccccccccccc	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
owner/operator Your Business Position	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S0 - \$499 S10,001 - \$100,000 OVER \$100,000 \$500 - \$1,000 OVER \$100,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
None or ☐ Names listed below	☐ None or ☐ Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 DISPOSED	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 ACQUIRED DISPOSED
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:_

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
GRILLI

NAME OF SOURCE OF INCOME Marsha Grilli	NAME OF COURSE OF MICONE
Marsha Grilli	NAME OF SOURCE OF INCOME
	Dennis Grilli
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1182 Pescadero , Milpitas , CA 95035	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
preschool/daycare	retired/pension
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
owner /operator	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
№ \$10,001 - \$100,000	☐ \$10,001 - \$100,000 ☑ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other(Describe)	Other
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	(Describe)
retail installment or credit card transaction, made in t	he lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's
retail installment or credit card transaction, made in to members of the public without regard to your official	status. Personal loans and loans received not in a lender's
retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as followable of Lender*	he lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ws:
retail installment or credit card transaction, made in t members of the public without regard to your official regular course of business must be disclosed as follo	he lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's lows: INTEREST RATE TERM (Months/Years)
retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as followable of Lender*	he lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's lows: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN
retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as followable of Lender*	he lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's lows: INTEREST RATE TERM (Months/Years)
retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	he lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's lows: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN Personal residence
retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	he lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's lows: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN
retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow name of Lender* Address (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	he lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's lows: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN None Real Property
retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as followable of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	he lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's lows: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN Real Property
retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as followable of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	he lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's lows: INTEREST RATE TERM (Months/Years) Whone SECURITY FOR LOAN None Personal residence Real Property Street address
retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as followable of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	he lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's lows: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as followable of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	he lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's lows: INTEREST RATE TERM (Months/Years)
retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as followable of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	he lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's lows: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as followable of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	he lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's lows: INTEREST RATE TERM (Months/Years)

SCHEDULE D Income - Gifts

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

GRILLI

NAME OF SOURCE	(Not an Acronym)		► NAME OF SOURCE	E (Not an Acron	ym)
ADDRESS (Business			ADDRESS (Busine	ss Address Acce	pptable)
BUSINESS ACTIVIT			BUSINESS ACTIV	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 23 16	\$	meal 		. \$	
	\$. \$	
	\$. \$	
NAME OF SOURCE			► NAME OF SOUR	CE (Not an Acron	nym)
ADDRESS (Busines	s Address Accepta		ADDRESS (Busine	ess Address Acce	eptable)
BUSINESS ACTIVIT			BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 26 16	\$. \$	
	\$. \$	
	\$			_ \$	
NAME OF SOURCE	E (Not an Acronym)	► NAME OF SOUR	CE (Not an Acroi	nym)
ADDRESS (Busines	ss Address Accepta	able)	ADDRESS (Busin	ess Address Aco	eptable)
BUSINESS ACTIVI	TY, IF ANY, OF SC	DURCE	BUSINESS ACTIV	/ITY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			_ \$	
	\$			_ \$	
	\$			_ \$	
Comments:					



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received City Clerk's Office

COVER PAGE MAR 23 2017 Please type or print in ink. NAME OF FILER (LAST) (FIRST) Ciardella Lawrence 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Milpitas Division, Board, Department, District, if applicable Your Position Planning Commission Commissioner ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: __ 2. Jurisdiction of Office (Check at least one box) ☐ State Judge or Court Commissioner (Statewide Jurisdiction) County of _____ ☐ Multi-County _ □ City of Milpitas 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left ____/___ December 31, 2016. (Check one) -or-O The period covered is January 1, 2016, through the date of The period covered is ______, through leaving office. December 31, 2016. O The period covered is ______, through Assuming Office: Date assumed ____/___ the date of leaving office. Candidate: Election year ___ and office sought, if different than Part 1: ___ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: ___ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 95035 CA Milpitas E-MAIL ADDRESS Ciavole

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Mult 2-2, 2017
(month, day, year) Sig

Signature ______ the originally signed statement with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

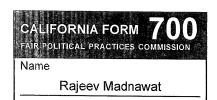
Filed Date: 01/08/2017 02:59 PM SAN: FPPC

Please type or print in ink.			SAN. FPPC
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Madnawat	Rajeev		K
1. Office, Agency, or Court			City Clark's Office
Agency Name (Do not use acronyms)			
City of Milpitas			JAN 1 2 2017
Division, Board, Department, District, if applicable		Your Position	RECEIVED
		Planning Commiss	ioner
▶ If filing for multiple positions, list below or on an attach	ment. (Do not use ac	cronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one box)			
☐ State		☐ Judge or Court Commis	sioner (Statewide Jurisdiction)
Multi-County		County of	
▼ City of Milpitas		·	
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2016, thro	wah	☐ Leaving Office: Date	Left/
December 31, 2016.	agn	(Check one)	Leit
The period covered is/	, through	The period covered leaving office.	is January 1, 2016, through the date of
Assuming Office: Date assumed			is, through office.
Candidate: Election year ar	d office sought, if diffe	erent than Part 1:	
4. Schedule Summary (must complete)		pages including this c	
Schedules attached			
Schedule A-1 - Investments - schedule attached	⋉ S	chedule C - Income, Loans, 8	& Business Positions – schedule attached
Schedule A-2 - Investments - schedule attached		chedule D - Income - Gifts -	
Schedule B - Real Property - schedule attached	□s	chedule E - Income - Gifts -	Travel Payments - schedule attached
-or-			
None - No reportable interests on any school	edule		2124 - 2 7 8 8 2 2 2 2 1 1 1 2 3 2 2 4 4 7 2 3 2 2 4 4 7 2 3 2 2 4 4 7 2 3 2 2 4 4 7 2 2 2 2 2 4 7 2 2 2 2 2 4
5. Verification MAILING ADDRESS STREET	OIT/		ATE TIP CO.
(Business or Agency Address Recommended - Public Document)	CITY	ST	ATE ZIP CODE
16 Corning Ave, Ste 136 DAYTIME TELEPHONE NUMBER	Milpitas		A 95035
(408) 905-6161		MAIL ADDRESS ijeevx@gmail.com	
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complet	ment. I have reviewed	I this statement and to the bes	st of my knowledge the information contained
I certify under penalty of perjury under the laws of the		•	nd correct.
Date Signed01/08/2017 02:59 PM	Sian	atureEle	ctronic Submission
(month, day, year)	oign		signed statement with your filing official)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)



► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Cisco Systems	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
IT/Telecom Equipments	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$ \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT ▼ Stock Other	NATURE OF INVESTMENT
(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	MATURE OF BUILDING
Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499
C income Necessed of \$300 of More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 16 , , 16	, , 16 , , 16
ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	
NAME OF BOSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	
\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT
(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	, , 16 , , 16
ACQUIRED DISPOSED	ACQUIRED DISPOSED
ı	1
Comments:	

SCHEDULE A-2

investments, income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

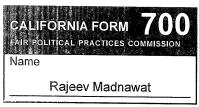


Rajeev Madnawat

► 1. BUSINESS ENTITY OR TRUST	► 1. Business entity or trust
Madnawat Law Office	CaseFox, Inc.
Name 16 Corning Ave, Ste 136, Milpitas, CA 95035	Name 16 Corning Ave Ste 136, Milpitas, CA 95035
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable)
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Law Practice	GENERAL DESCRIPTION OF THIS BUSINESS Website/Online Software
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$\frac{1}{2}\$ \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT ☐ Partnership ☐ Sole Proprietorship ☑ Corporation Other
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION Shareholder
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000 \$500 - \$1,000 OVER \$100,000	\$0 - \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY 16. Corning Ave Sta 420 Million On 05005	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: □ INVESTMENT □ REAL PROPERTY
16 Corning Ave Ste 136, Milpitas CA 95035 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property 16 Corning Ave Ste 136 Milpitas, CA 95035 Description of Business Activity or	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$\infty\$ \\$2,000 - \\$10,000 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold 5 Yrs. remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2016/2017) Sch. A-2

SCHEDULE C Income, Loans, & Business Positions

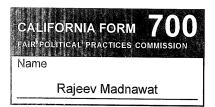
(Other than Gifts and Travel Payments)



► 1. INCOME RECEIVED NAME OF SOURCE OF INCOME	► 1. INCOME RECEIVED
Madnawat Law Office	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	CaseFox, Inc.
16 Corning Ave, Ste 136, Milpitas, CA 95035	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	16 Corning Ave, Ste 136, Milpitas, CA 95035 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Office	Internet based software
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Owner	Shareholder and Officer
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of (Real property, car, boat, etc.) Loan repayment Commission or Rental Income, list each source of \$10,000 or more (Describe) Other (Describe) * You are not required to report loans from commercial legal and the seath source of the seath seath seath source of the seath	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$1,001 - \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of (Real property, car, boat, etc.) Loan repayment Commission or Rental income, list each source of \$10,000 or more (Describe) Other (Describe)
retail installment or credit card transaction, made in the members of the public without regard to your official state regular course of business must be disclosed as follows: NAME OF LENDER*	
	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	(Describe)
Comments:	EDDC Form 700 (2045 (2047) 5 L /

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)



➤ 1. INCOME RECEIVED	> 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Cisco Systems	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
150 W Tasman Drive, San Jose, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
IT equipments	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
IT Engineer	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other(Describe)	Other
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	(Describe)
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
,	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
The second secon	
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	
	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Gity ClerkIs Office red MAR 0 9 2017

Please type or print in ink.

RECEIVED

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
MAGLALANG	RAY	
1. Office, Agency, or Court Agency Name (Do not use acronyms) CITY OF MICPITA Division, Board, Department, District, if applicable	75	PLANNING COMMISSIONER Your Position
► If filing for multiple positions, list below or on an at	ttachment. (Do not use	acronyms)
Agency:		_ Position:
2. Jurisdiction of Office (Check at least one in State Multi-County MILPITAS		☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ County of
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016 December 31, 2016. The period covered is	s, through	☐ Leaving Office: Date Left
	and office sought, if	O The period covered is/, through the date of leaving office. different than Part 1: of pages including this cover page:
Schedules attached Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached	ched [Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached
5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 13 46 LASSEN AT DAYTIME TELEPHONE NUMBER (408) 262-842 I have used all reasonable diligence in preparing this herein and in any attached schedules is true and collicertify under penalty of perjury under the laws	s statement. I have review omplete. I acknowledge	
Date Signed 3-97-17-		Signature (File the originally signed statement with your filing official.)

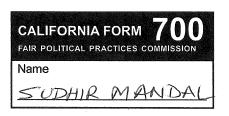


MAR 10 2017

Ple	ase type or print in ink.	RECEIVED
NAN	IE OF FILER (LAST) (FIRST)	(MIDDLE)
montes	MANDAL SUDHI	1
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	
	PLANNING COMMISSION	MEMBER
	Division, Board, Department, District, if applicable	Your Position
	CITY OF MILPITAS	
	▶ If filing for multiple positions, list below or on an attachment. (Do not use	e acronyms)
	Agency:	Position:
possession .	Tigorio),	
2.	Jurisdiction of Office (Check at least one box)	
	☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	Deity of MILPITAS	Other
	Control of the second of the s	
3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2016, through December 31, 2016.	Leaving Office: Date Left
	The period covered is/, through December 31, 2016.	 The period covered is January 1, 2016, through the date of leaving office. Or-
	Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
	Candidate: Election year and office sought, if	different than Part 1:
4	Schedule Summary (must complete) ► Total number	of pages including this cover page:
7.	Schedules attached	or pages mordang and oover page.
	Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments - schedule attached	Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-(or-	
5.	Verification	
	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	455 E. CALAVERAS BLVD. MIL	PITAS CA 95035
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
	()	
	I have used all reasonable diligence in preparing this statement. I have reviewherein and in any attached schedules is true and complete. I acknowledge	ewed this statement and to the best of my knowledge the information contained this is a public document.
	I certify under penalty of perjury under the laws of the State of Califor	nia that the foregoing is true and correct.
	Date Signed 3/7/17	Signature
	(month, day, year)	(File the originally signed statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)



► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
MANDAL SYSTEMS CONCULTING GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
BUSINESS MANAGEMENT FAIR MARKET VALUE 1 \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	/
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000
IF APPLICABLE, LIST DATE: /	IF APPLICABLE, LIST DATE:
MAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS	MAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	//
/	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA P	
Name	
SUDHIR	MANDAL

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1327 DANIEL CT.	
CITY	CITY
MILPITAS	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
115. Tollianing	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☑ \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater
interest, list the name of each tenant that is a single source of	interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10,000 or more.
None	None
GEORGE BULDA	
* You are not required to report loans from commercial le	ending institutions made in the lender's regular course of
business on terms available to members of the public v	without regard to your official status. Personal loans and
loans received not in a lender's regular course of busing	ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
, , , , , , , , , , , , , , , , , , ,	
ADDETOO (D. J Allers Assattle)	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable)	ADDICESS (Busiliess Addiess Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
🗖	0/ DA
%	None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000\$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Cuaranter if applicable	Guarantor if applicable
Guarantor, if applicable	Guarantor, if applicable
Comments:	



STATEMENT OF ECONOMIC INTERESTS

City Clerk's Office MAR 10 2017

A PUBLIC DOCUMENT Please type or print in ink.	COVER PAGE	RECEIVED
IAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Mohsin	Zeya	
. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Milpitas, CA 95035		
Division, Board, Department, District, if applicable	Your Position	
Planning Commission	. Volunteer Commis	ssioner
▶ If filing for multiple positions, list below or on an	attachment. (Do not use acronyms)	
Agency:	Position:	
2. Jurisdiction of Office (Check at least one	e box)	
State	☐ Judge or Court Comm	issioner (Statewide Jurisdiction)
Multi-County	County of	
⊠ City of Milpitas, CA 95035	Other	
3. Type of Statement (Check at least one bo.		
Annual: The period covered is January 1, 201 December 31, 2016.	16, through Leaving Office: Dat (Check one)	e Left/
The period covered is	/, through	ed is January 1, 2016, through the date of
Assuming Office: Date assumed/	/	ed is/, through g office.
Candidate: Election year	and office sought, if different than Part 1:	
Schedule Summary (must complete) Schedules attached	► Total number of pages including this	cover page:
Schedule A-1 - Investments – schedule atta	ached Schedule C - Income, Loans	& Business Positions - schedule attached
Schedule A-2 - Investments - schedule atta	ached Schedule D - Income - Gifts	- schedule attached
Schedule B - Real Property - schedule atta	ached Schedule E - Income - Gifts	- Travel Payments - schedule attached
-Oŗ-		
None - No reportable interests on any	y schedule	
5. Verification		

MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) CA 95035 Milpitas 644 N. Hillview Drive E-MAIL ADDRESS DAYTIME TELEPHONE NUMBER (408) 946-6199 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained

herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature. Date Signed (File the originally signed statement with your filing official.) (month, day, year)



DatCity Clerk's Office

MAR 10 2017

Please type or print in ink.		RECEIVED
NAME OF FILER (LAST)	(FEST)	
Morris	Demetress	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Milpitas		
Division, Board, Department, District, if applicable		Your Position
Planning Commision		Commissioner
▶ If filing for multiple positions, list below or on a	an attachment. (Do not use	acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least of	ne box)	
		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
- Milnitas Ca		
		Cramb
3. Type of Statement (Check at least one	box)	
Annual: The period covered is January 1, 2 December 31, 2016.	2016, through	Leaving Office: Date Left/(Check one)
The period covered is 01 / 01 December 31, 2016.		 The period covered is January 1, 2016, through the date of leaving office.
Assuming Office: Date assumed/_		The period covered is/, through the date of leaving office.
Candidate: Election year	and office sought, if	different than Part 1:
4. Schedule Summary (must completed Schedules attached	te) ► Total number	of pages including this cover page:\
Schedule A-1 - Investments – schedule	_	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule	attached [_	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-		
None - No reportable interests on a	any scheaule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	city	STATE ZIP CODE
455 E. Calvereas	Milpitas	CA 95035
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS
(408) 935-8074		Demetress1@aol.com
I have used all reasonable diligence in preparing herein and in any attached schedules is true and	this statement. I have review complete. I acknowledge	wed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the la	ws of the State of Californ	nia that the foregoing is true and correct.
Date Signed03/06/2017	ę	ignature
(month, day, year)		(File the originally signed statement with your filing official.)



City Clerk's Officed Date Initial Filing Officed MAR 1 3 2017

RECEIVED

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Sandhu	Gurdev	Dave
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Milpitas		
Division, Board, Department, District, if app	plicable	Your Position
Planning Commission		Commissioner
► If filing for multiple positions, list below	or on an attachment. (Do not us-	e acronyms)
•		
Agency:		Position:
2. Jurisdiction of Office (Check at	least one box)	
☐ State		Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
★ City of Milpitas		Other
3. Type of Statement (Check at leas	t one box)	·
Annual: The period covered is Janua December 31, 2016.	ary 1, 2016, through	Leaving Office: Date Left/
or-	/, through	O The period covered is January 1, 2016, through the date of
December 31, 2016.	, unough	leaving office.
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Election year	and office sought, if	different than Part 1:
4. Schedule Summary (must co	nplete) ► Total number	of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments – sch	edule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – sch		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - sch	edule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-		
🖈 None - No reportable interest	on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY Document)	STATE ZIP CODE
487 BAYVIEW PARK DI	•	CA 95035
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS 95. Sandhu@ hot mail. 6M
(408) 586 - 9556	naring this statement. I have revise	V
herein and in any attached schedules is to		ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under	the laws of the State of Californ	nia that the foregoing is true and correct.
Para Signal March 12, 2	017 .	Gurder Singh Sandher
Date Signed(month, day, year)		Signature(File the originally signed statement with your filling official.)



City Clerk SUDHICe eived

APR - 3 2017

riease type of print in link.		RECEIVED
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Corpus	Jane	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Milpitas	and the second of the second o	Interim Director of Financial Ser
Division, Board, Department, District, if a	pplicable	Your Position
Finance Department		·
► If filing for multiple positions, list below	w or on an attachment. <i>(Do l</i>	not use acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check a	nt least one box)	
State		☐ Judge_or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of Milpitas		Other
3. Type of Statement (Check at lea	ast one box)	
Annual: The period covered is Jan December 31, 2016.	uary 1, 2016, through	Leaving Office: Date Left/(Check one)
-or-	/, thro	O The period covered is January 1, 2016, through the date of
December 31, 2016.	, uno	leaving office.
Assuming Office: Date assumed _	10,,2016	 The period covered is/, through the date of leaving office.
Candidate: Election year	and office sou	ight, if different than Part 1:
4. Schedule Summary (must co	omplete) ► Total nui	mber of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments – so	chedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – so		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - so	chedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-		
None - No reportable interes	ts on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pub.		ITY STATE ZIP CODE
455 E Calaveras Bvld	Milp	oitas CA 95035
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS
(408) 586-3125		
I have used all reasonable diligence in pr herein and in any attached schedules is	. •	e reviewed this statement and to the best of my knowledge the information contained vledge this is a public document.
I certify under penalty of perjury under	er the laws of the State of C	California that the foregoing is true and correct.
41,117		mer (A) no
Date Signed	ri	Signature
(monai, day, yea	7	(, " a are originally digrice dialetticine with your ming official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

City Clerk's Office

Please type or print in ink.			MAD 30
NAME OF FILER (LAST)	(FIRST)		J(M/DDLE) /
DIAZ	CHRISTOPI	HER	RECEIVED
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Milpitas, City of			
Division, Board, Department, District, if applicable		Your Position	
·		City Attorney*	
► If filing for multiple positions, list below or on	an attachment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least	one box)		
State		☐ Judge or Court Commissio	ner (Statewide Jurisdiction)
Multi-County	<u> </u>	County of	
⋉ City of Milpitas		Other	· · · · · · · · · · · · · · · · · · ·
3. Type of Statement (Check at least one	box)		
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Assuming Office: Date assumed/_		The period covered is the date of leaving offi	/, through ce.
Candidate: Election year	and office sought, if o	lifferent than Part 1:	
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Schedule A-2 - Investments - schedule	attached X	Schedule D - Income - Gifts - sc	hedule attached
Schedule B - Real Property - schedule	attached	Schedule E - Income - Gifts - Tr	avel Payments – schedule attached
-Or-	any sahadula		
☐ None - No reportable interests on a5. Verification	arry scriedule		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Docume	^{ent)} Walnut C	rook CA	94596
2001 N. Main Street, Suite 390 DAYTIME TELEPHONE NUMBER	vvainut C	reek CA E-MAIL ADDRESS	94090
(925) 977-3300		christopher.diaz@bbklaw.d	com
I have used all reasonable diligence in preparing herein and in any attached schedules is true and			f my knowledge the information contained
I certify under penalty of perjury under the la	ws of the State of Californ	ia that the foregoing is true and	correct.
Date Signed	Si	gnature	= 112
(month, day, year)			ned statement with your filing official.)

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
CHRISTOPHER DIAZ

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Best Best & Krieger LLP	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2001 N. Main St., #390, Walnut Creek, Ca 94596	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Of Counsel	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 X OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	RIOD
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's as:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	_
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	<u> </u>
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
	en en <u>en en e</u>
OVER \$100,000	Other(Describe)
Comments:	

FPPC Form 700 (2016/2017) Sch. C FPPC Advice Email: advice@fppc.ca.gov

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

CHRISTOPHER DIAZ

 NAME OF SOURCE 	E (Not an Acronym)		► NAME OF SOURCE	E (Not an Acronyn	n)
Institute for Lo	ocal Governmer	nt			
ADDRESS (Busines	ss Address Acceptable	e)	ADDRESS (Busines	s Address Accept	able)
1400 K Street	, #205, Sacram	ento, CA 95814			
	ry, if any, of sour		BUSINESS ACTIVIT	Y, IF ANY, OF SO	DURCE
Board of Direct		•			
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 25 / 16	\$53.00	Dinner		\$	
	\$			\$	
	\$			\$	
NAME OF SOURCE	E (Not an Acronym)		► NAME OF SOURCE	E (Not an Acronyr	m)
ADDRESS (Busines	ss Address Acceptabl	je)	ADDRESS (Busines	s Address Accept	table)
BUSINESS ACTIVIT	TY, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	TY, IF ANY, OF SO	OURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	
	\$	<u> </u>		\$	
	\$			\$	
NAME OF SOURC	E (Not an Acronym)		► NAME OF SOURC	E (Not an Acronyi	m)
ADDRESS (Busines	ss Address Acceptab	le)	ADDRESS (Busines	ss Address Accep	table)
BUSINESS ACTIVI	TY, IF ANY, OF SOU	RCE	BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	
	\$			\$	
	\$			\$	
Comments:					



City Clerk's Office
Date Initial Filing Received
Official Use Only
MAR 0 7 2017

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Please type or print in ink.		
AME OF FILER (LAST)	(FIRST)	(MIDDLE)
Villiams	Tom	
Office, Agency, or Court		
Agency Name (Do not use acronyms))	
City of Milpitas		
Division, Board, Department, District, if	f applicable	Your Position
		City Manager
► If filing for multiple positions, list be	elow or on an attachment. (Do	o not use acronyms)
Agency:		Position:
Jurisdiction of Office (Check	k at least one box)	
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
Milnitae		
Only of		
Type of Statement (Check at	least one box)	
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The period covered is _ December 31, 2016.	, th	orrough O The period covered is January 1, 2016, through the date of leaving office.
Assuming Office: Date assume	ed	The period covered is, through the date of leaving office.
Candidate: Election year	and office s	ought, if different than Part 1:
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Schedules attached	occupioso, p rotar ,	ambon of pages metaling the core, pages
Schedule A-1 - Investments -	- schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-1 - Investments – schedule attached		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property -	- schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
Schedule B - Real Property –	- schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
Schedule B - Real Property –		Schedule E - Income - Gifts - Travel Payments - schedule attached
Schedule B - Real Property – Or- None - No reportable inter		Schedule E - Income - Gifts - Travel Payments - schedule attached
Schedule B - Real Property – Or- None - No reportable inter Verification MAILING ADDRESS STREET	rests on any schedule	Schedule E - Income - Gifts - Travel Payments - schedule attached CITY STATE ZIP CODE
Schedule B - Real Property – -Or- None - No reportable inter Verification	rests on any schedule Public Document)	
Schedule B - Real Property – Or- None - No reportable inter Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Real Property –	rests on any schedule Public Document)	CITY STATE ZIP CODE
Schedule B - Real Property - Or- None - No reportable inter Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - If 455 E. Calaveras Blvd. DAYTIME TELEPHONE NUMBER ()	rests on any schedule Public Document)	CITY STATE ZIP CODE Iilpitas CA 95035 E-MAIL ADDRESS
Schedule B - Real Property – Or- None - No reportable inter Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - If 455 E. Calaveras Blvd. DAYTIME TELEPHONE NUMBER ()	rests on any schedule Public Document) M In preparing this statement. I ha	CITY STATE ZIP CODE Iilpitas CA 95035 E-MAIL ADDRESS ave reviewed this statement and to the flest of my knowledge the information contained
Schedule B - Real Property – Or- None - No reportable inter None - No reportable inter None - No reportable inter Lateral Street (Business or Agency Address Recommended - Response to the second of the secon	rests on any schedule Public Document) M In preparing this statement. I has is true and complete. I ackn	CITY STATE ZIP CODE Iilpitas CA 95035 E-MAIL ADDRESS ave reviewed this statement and to the flest of my knowledge the information contained
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Schedule B - Real Property – Or- None - No reportable inter None - No reportable inter None - No reportable inter Lateral Street (Business or Agency Address Recommended - Resonable Street A55 E. Calaveras Blvd. DAYTIME TELEPHONE NUMBER () I have used all reasonable diligence in herein and in any attached schedules	Public Document) Men preparing this statement. I has is true and complete. I acknuder the laws of the State of	CITY STATE ZIP CODE Iilpitas CA 95035 E-MAIL ADDRESS ave reviewed this statement and to the best of my knowledge the information contained lowledge this is a public document.



STATEMENT OF ECONOMIC INTERESTS City Clarific Control of City Clarific **COVER PAGE**

MAY 25 2017

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NAME OF FILER (LA	ST)	(FIRST)			(MIDDLE)
Fuentes		Will			
1. Office, Age	ncy, or Court				
Agency Name	(Do not use acronyms)				
City of Milp	itas				
Division, Board,	, Department, District, if applicable		Your Position		
Finance De	partment		Finance Director		
► If filing for m	nultiple positions, list below or on an attachm	ent (Do not use	acronyms)		
r ming for n	idiaple positions, list bolow or on an attaching	iona (Do not doo	acronymo		
Agency:			Position:		
2. Jurisdictio	n of Office (Check at least one box)				
State			☐ Judge or Court Commis	ssioner (Stat	ewide Jurisdiction)
Multi-County	у				,
	pitas				
City of					WATER TO A TO
3. Type of Sta	atement (Check at least one box)				
Annual: T	The period covered is January 1, 2016, throu	gh	Leaving Office: Date	Left/	
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★ Assuming	Office: Date assumed 05 , 15 , 2	017	or-The period covered the date of leaving		, through
Candidate:	: Election year and	office sought, if d	ifferent than Part 1:		
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Schedules		lotal number o	of pages including this o	over pag	e:
☐ Schedu	ile A-1 - Investments – schedule attached	П	Schedule C - Income, Loans,	& Business I	Positions – schedule attached
☐ Schedu	lle A-2 - Investments - schedule attached		Schedule D - Income - Gifts -		
Schedu	lle B - Real Property - schedule attached		Schedule E - Income - Gifts -	· Travel Payr	ments - schedule attached
-or-					
🔀 None -	No reportable interests on any sched	dule			
5. Verification					
MAILING ADDRESS		CITY	S	TATE	ZIP CODE
	cy Address Recommended - Public Document) BY BY Address Blvd.	Milpitas	(CA	95035
DAYTIME TELEPHO			E-MAIL ADDRESS	<u></u>	33033
(408)58	36-3111				
	reasonable diligence in preparing this statement			st of my know	wledge the information containe
	penalty of perjury under the laws of the	•	·	nd correct.	
-	A			MA	
Date Signed	5/25/17	Sig	nature	1010	
	(month, day, year)		(File the original)	/ signed statemen	t with your filing official.)



CITY OF MILPITAS

455 EAST CALAVERAS BOULEVARD, MILPITAS, CA 95035-5479 GENERAL INFORMATION: 408-586-3000 www.ci.milpitas.ca.gov

January 12, 2017

State of California Fair Political Practices Commission 428 J Street, Suite 620 Sacramento, CA 95814

RE: FORM 700 STATEMENTS OF ECONOMIC INTERESTS

Dear Brianne Kilbane:

Enclosed are the original Statements of Economic Interests for eight departing and incoming Milpitas City officials, both elected and appointed.

Leaving Office City Councilmembers:

Jose Esteves, Mayor

Debbie Indihar Giordano, Councilmember

Carmen Montano, Councilmember

Assuming Office City Councilmembers:

Richard Tran, Mayor

Bob Nuñez, Councilmember

Leaving Office Planning Commission

Hon Lien, Commissioner

Assuming Office Planning Commission

Evelyn Chua, Alternate Member

Leaving City staff

Finance Director Russell Morreale

No new Finance Director has been appointed in our City to date. The current Assistant Finance Director Jane Corpus has been filling in on an interim basis while recruitment is ongoing.

New City Councilmember Anthony Phan has not turned in his Assuming Office Form 700. I'm trying to obtain that from him and will submit to FPPC when he completes it. He was sworn in on December 13.

If you have any questions about Forms 700 submitted by the City of Milpitas, please call me at 408-586-3001 or send e-mail to mlavelle@ci.milpitas.ca.gov.

Sincerely,

Mary Lavelle, CMC

City Clerk

c: City Attorney Chris Diaz

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received.

JAN - 9 2017

	(FIRST)		(MIDDLE)
	Robert		R
, or Court			
not use acronyms)			
1	Your Pos	sition	
anal	City C	ouncil Member	
	ent. (Do not use acronyms)		
	Position	1	
f Office (Check at least one box)			
	Judge	or Court Commissioner	Statewide Jurisdiction)
			•
	•		
	Other _		
ment (Check at least one box)			
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-1 - Investments — schedule attached -2 - Investments — schedule attached - Real Property — schedule attached reportable interests on any sched STREET ress Recommended - Public Document) a Road #247 NUMBER 101 pnable diligence in preparing this statement	Schedule D - Schedule E - dule CITY San Jose E-MAIL ADDRESS bnunez51@ ent. I have reviewed this stateme I acknowledge this is a public d	Income – Gifts – schedu Income – Gifts – Travel STATE CA Dyahoo.com Int and to the best of my locument.	Ile attached Payments – schedule attached ZIP CODE 95132 knowledge the information contained
-1 - Investments — schedule attached -2 - Investments — schedule attached - Real Property — schedule attached reportable interests on any schedule street = Street = Public Document) a Road #247 NUMBER 101 chable diligence in preparing this statement tached schedules is true and complete.	Schedule D - Schedule E - dule CITY San Jose E-MAIL ADDRESS bnunez51@ ent. I have reviewed this stateme I acknowledge this is a public d	Income – Gifts – schedu Income – Gifts – Travel STATE CA Dyahoo.com Int and to the best of my locument.	Ile attached Payments – schedule attached ZIP CODE 95132 knowledge the information contained
	partment, District, if applicable CACACA le positions, list below or on an attachm f Office (Check at least one box) reriod covered is January 1, 2016, througher 31, 2016. reriod covered is	partment, District, if applicable City C City C le positions, list below or on an attachment. (Do not use acronyms) Position F Office (Check at least one box) Judge County	partment, District, if applicable partment, District, if applicable City Council Member Repositions, list below or on an attachment. (Do not use acronyms) Position: Judge or Court Commissioner (County of County of Other Thent (Check at least one box) Period covered is January 1, 2016, through mber 31, 2016. Period covered is, through leaving office. Period covered is, through leaving office. Period covered is, through leaving office. The period covered is, and office sought, if different than Part 1:



Date Initial Filling Received Official Use Only

DEC 2 1 2016

Please type or print in ink. NAME OF FILER (LAST) (FIRST) Richard Tran 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Milpitas Division, Board, Department, District, if applicable Your Position City Council Mayor ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State Multi-County . County of ____ City of Milpitas 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left _____/___ December 31, 2015. (Check one) -or-O The period covered is January 1, 2015, through the date of The period covered is ____ leaving office. December 31, 2015. Assuming Office: Date assumed 12 13 O The period covered is ______, through the date of leaving office. Candidate: Election year _ _____ and office sought, if different than Part 1: __ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) Milpitas 95035 E-MAIL ADDRESS I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct, **Date Signed** Signature (File the originally signed statement with your filing official.) (month, day, year)



Date Signed .

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Official Use Only
DEC 1 3 2016

COVER PAGE Please type or print in ink. NAME OF FILER (FIRST) 1. Office, Agency, or Court Agency Name (Do not use acronyms) Division, Board, Department, District, if application Your Position ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: __ Position: 2. Jurisdiction of Office (Check at least one box) ☐ State Judge or Court Commissioner (Statewide Jurisdiction) County of _ Other _ 3. Type of Statement (Check at least one box) Leaving Office: Date Left 12/13/16 Annual: The period covered is January 1, 2015, through December 31, 2015. O The period covered is January 1, 2015, through the date of The period covered is _ December 31, 2015. -or-Assuming Office: Date assumed ____ O The period covered is ___ the date of leaving office. Candidate: Election year and office sought, if different than Part 1: _ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: . Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property – schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-☐ **None -** No reportable interests on any schedule 5. Verification ZIP CODE have used all reasonable diligence in preparing this statement. Thave reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document I certify under penalty of perjury under the laws of the State of California that the foregoing is/true and correc

Signature

(File the originally signed statement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)



The Potas	1 milfitas
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 15,001 - \$1,000,000 15,000,000 15,000,000 15,000,000 15,000,000 15,000,000 1
NATURE OF INTEREST Wenership/Deed of Trust Easement	NATURE OF INTEREST wnership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None Managada Fan, Ly Hyen 3a	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None None None
You are not required to report loans from commercial	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and
loans received not in a lender's regular course of bus	iness must be disclosed as follows:
loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable)	NAME OF LENDER* ADDRESS (Business Address Aceptable)
loans received not in a lender's regular course of bus NAME OF LENDER* White Reputable	iness must be disclosed as follows: NAME OF LENDER* Hot Reportable
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	NAME OF LENDER* ADDRESS (Business Address Agceptable)
Ioans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	NAME OF LENDER ADDRESS (Business Address Aceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
Ioans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	NAME OF LENDER NAME OF LENDER ADDRESS (Business Address Aceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE When the content of the content o
Ioans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Mone None	NAME OF LENDER NAME OF LENDER ADDRESS (Business Address A ceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE When the company of the company
Ioans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————
Ioans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	NAME OF LENDER NAME OF LENDER ADDRESS (Business Address Aceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whone HIGHEST BALANCE DURING REPORTING PERIOD

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name / Stevis

1. INCOME RECEIVED	► 1, INCOME RECEIVED
NAME/OF SOURCE OF/INCOME	NAME OF SOURCE OF INCOME
1020 ESTEVES L. E. Misger	Susin K Esteure
ADDRESS (Business Address Acceptable)	ADDRESS (Businees: Address Acceptable)
825 Canoda Dr. Marked 4950	3 LX3 Chinada IN. Milya as 11/1
BUSINESS ACTIVITY IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ked Glas Services	hoperly horogetrest
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Kal Estate Thank	1 Jugary 1 Charge
GRÓSS INCOME RECEIVED	GROSS INCOME RECEIVED (
\$500 - \$1,000	\$500 - \$1,000 \$1,001 - \$10,000 \$1,001 - \$100,000 OVER \$100,000
S10,001 - \$100,000 OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Se, & hadele B	se 3chidaje B
Other Refund Sources (Describe)	(Describe) Other(Describe)
2: Loans received or outstanding during the reporting per	RIOD
	ending institutions, or any indebtedness created as part of a
retail installment or credit card transaction, made in the	e lender's regular course of business on terms available to
members of the public without regard to your official st	tatus. Personal loans and loans received not in a lender s
regular course of business must be disclosed as follow	vs:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
, , ,	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
Comments:	FDDC 50 700 /2015 /2016) Sc

SCHEDULE D Income – Gifts



► NAME/OF SOURCE (Not an Acronyth)	► NAME OF SOURCE (Not an Acronym)
Victor San Visiste / Helly 160	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Milgitas, CH	
BUSINESS ACTIVITY, IF ANY, OF SOURCE R. E. Brilings	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/v) WALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
- 2 101 1	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
07 28, 16 50/ Dinner/Chamber	J
	\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	\$
	\$
	 \$
Comments	
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- · Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 45.00 (If gift) AMT: \$ 45.00	DATE(S):
► MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
If Gift, Provide Fravel Destination City, Philippine	► If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):
► MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
▶ If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Comments:	

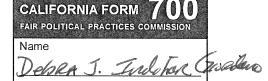




Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Indihar Giordano Debbie 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Milpitas Division, Board, Department, District, if applicable Your Position City Council Councilmember ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) ☐ State ☐ Multi-County _ County of ___ City of Milpitas Other ___ 3. Type of Statement (Check at least one box) Leaving Office: Date Left _______/____/ ✓ Annual: The period covered is January 1, 2015, through (Check one) December 31, 2015. -or-O The period covered is January 1, 2015, through the date of The period covered is ____ leaving office. December 31, 2015. O The period covered is ________ Assuming Office: Date assumed _____/____ the date of leaving office. _____ and office sought, if different than Part 1: _ Candidate: Election year _ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-☐ **None -** No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 455 E Calaveras Blvd Milpitas CA 95035 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (408) 586-3000 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. **S**ignature Date Signed _ (month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)



NAME OF BUSINESS ENTITY 11 2/15 6200 Advision	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
ONE Almoder BIVE #150,	
FAIR MARKET VALUE SAN JOSP, Ca	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 GE	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL BESONN HON OF THIS BOSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership () Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other
Partnership () Income Received of \$0 - \$499	(Describe) Partnership () Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	<u></u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Commenter	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Debas J. Indihan
Colordano

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
MASRER BROKERS	
Name C 6	Name
Address (Purises Address Assertable)	Address (Business Address Acceptable)
Address (Business Address Acceptable) Check one MICPITAS 993	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
REAL ESTATE	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$ 0 - \$1,999	\$0 - \$1,999
\$2,000 - \$10,000/	\$2,000 - \$10,000//
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Cother
YOUR BUSINESS POSITIONCUNET	VOUR RUGINESS ROCITION
	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \text{\$10,001} - \text{\$100,000}	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
MO Republic Title	
OLO Republic Title	
- Cucogo 1716	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 / / 15 / / 15	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	FPPC Form 700 (2015/2016) Sch. A-2
Comments:	EDDC Advise Emails advise @fens on gov





NAME OF FILER (LAST) (FIRST) Montano Carmen 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Milpitas Division, Board, Department, District, if applicable Your Position City Council Councilmember ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: 2. Jurisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide J County of County of Other 3. Type of Statement (Check at least one box) ✓ Annual: The period covered is January 1, 2015, through December 31, 2015. The period covered is January 1, 2015 through December 31, 2015. The period covered is January 1, 2015 through December 31, 2015. The period covered is January 1, 2015 through December 31, 2015.	(MIDDLE)
Agency Name (Do not use acronyms) City of Milpitas Division, Board, Department, District, if applicable City Council Filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: 2. Jurisdiction of Office (Check at least one box) State Multi-County City of Milpitas Division, Board, Department, District, if applicable Your Position Councilmember Position: Position: County of County of County of County of Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through December 31, 2015. The period covered is through December 31, 2015.	
Agency Name (Do not use acronyms) City of Milpitas Division, Board, Department, District, if applicable Your Position City Council Councilmember ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: 2. Jurisdiction of Office (Check at least one box) State	
City of Milpitas Division, Board, Department, District, if applicable City Council Founcilmember If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Position: Judge or Court Commissioner (Statewide J Judge or Court Commissioner (Statewide J Multi-County County of Other City of Milpitas City of Milpitas The period covered is January 1, 2015, through December 31, 2015. The period covered is	
City of Milpitas Division, Board, Department, District, if applicable City Council Founcilmember If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Position: Judge or Court Commissioner (Statewide J Judge or Court Commissioner (Statewide J Multi-County County of Other City of Milpitas City of Milpitas The period covered is January 1, 2015, through December 31, 2015. The period covered is	
Division, Board, Department, District, if applicable City Council Filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: 2. Jurisdiction of Office (Check at least one box) State Multi-County City of Milpitas December 31, 2015. December 31, 2015. Position: Position: County of County of County of County of Leaving Office: Date Left (Check one) The period covered is January 1, 2015, through December 31, 2015. The period covered is January 1, 2015 Leaving Office: Date Left Check one) The period covered is January 1, 2015 Leaving office. The period covered is January 1, 2015 Leaving office. The period covered is January 1, 2015 Leaving office. The period covered is January 1, 2015 Leaving office. The period covered is January 1, 2015 Leaving office. The period covered is January 1, 2015	
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: 2. Jurisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jound of Multi-County County of Other County of Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through December 31, 2015. The period covered is January 1, 2015, through December 31, 2015. The period covered is January 1, 2015 leaving office. The period covered is January 1, 2015 leaving office. -or-	
Agency:	
2. Jurisdiction of Office (Check at least one box) State Multi-County City of Milpitas December 31, 2015. December 31, 2015. December 31, 2015. Judge or Court Commissioner (Statewide J County of	
2. Jurisdiction of Office (Check at least one box) State Multi-County City of Milpitas Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through December 31, 2015. The period covered is, through December 31, 2015. The period covered is, through December 31, 2015. OThe period covered is January 1, 2015 leaving office. OThe period covered is January 1, 2015 leaving office. OThe period covered is January 1, 2015 leaving office. OThe period covered is January 1, 2015 leaving office.	
☐ State ☐ Multi-County ☐ County of ☐ City of Milpitas ☐ Other ☐ Annual: The period covered is January 1, 2015, through December 31, 2015. ☐ The period covered is/, through December 31, 2015. ☐ The period covered is/, through December 31, 2015. ☐ The period covered is/, through December 31, 2015. ☐ The period covered is/, through December 31, 2015. ☐ The period covered is/, through December 31, 2015. ☐ The period covered is/, through December 31, 2015. ☐ The period covered is/	
Multi-County	
City of Milpitas Other Other Annual: The period covered is January 1, 2015, through December 31, 2015. The period covered is	urisdiction)
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through December 31, 2015. The period covered is/	
Annual: The period covered is January 1, 2015, through December 31, 2015. The period covered is/	***************************************
The period covered is, through December 31, 2015. December 31, 2015. (Check one) The period covered is January 1, 2015 leaving office. -or-	
The period covered is/, through Occember 31, 2015.	2016
	, through the date of
Assuming Office: Date assumed	, through
Candidate: Election year and office sought, if different than Part 1:	
 Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached 	
Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Position.	s – schedule attached
☐ Schedule A-2 - Investments — schedule attached ☐ Schedule D - Income — Gifts — schedule attached	o dericado acconed
☐ Schedule B - Real Property – schedule attached ☐ Schedule E - Income – Gifts – Travel Payments –	schedule attached
-or-/	
☑ None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET CITY STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document) AFF F Calayoras Rhyd AFF F Calayoras Rhyd	3E
455 E Calaveras Blvd Milpitas CA 950 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS	35
(408) 586-3000	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge therein and in any attached schedules is true and complete. I acknowledge this is a public document.	the information contained
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Date Signed Dec 13 2016 (month, day, year) Signature Gament with your (File the originally signed statement with your	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

City Clerk's Office Date Initial Filing Received DEC I 4 2016

RECEIVED

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
CHUA	EVELX	N QUEDADO	
1. Office, Agency, o	r Court		
Agency Name (Do not	use acronyms)		
CITY () F MILPLTAS ment, District, if applicable		
•		Your Position	
PLANI	UING COMMISSION	ALTERNATE MEMBER	
▶ If filing for multiple p	positions, list below or on an attachment. (Do not	use acronyms)	
Agency:		Position:	
2. Jurisdiction of C	Office (Check at least one box)		
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)	
Multi-County		County of	
TCity of MIL	PITAS	Other	
3. Type of Stateme	nt (Check at least one box)		
	od covered is January 1, 2015, through er 31, 2015.	Leaving Office: Date Left	
The period	od covered is, througher 31, 2015.	The period covered is January 1, 2015, through the date of leaving office.	
Assuming Office:	Date assumed 12 / 14 / 2016	The period covered is/, through the date of leaving office.	
Candidate: Election	on year and office sought	, if different than Part 1:	
e tanga i kut kedin, butan katigin a		er of pages including this cover page:	
Schedules atta	ched		
Schedule A-1 -	Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached	
	Investments – schedule attached	Schedule D - Income - Gifts - schedule attached	
	Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached	
-or- IX1 None - No ren	ortable interests on any schedule		
5. Verification			
MAILING ADDRESS	STREET CITY	STATE ZIP CODE	
0	Recommended - Public Document) ENTRY WAY HIL	PITAS CA 95035	
DAYTIME TELEPHONE NUM	BER	E-MAIL ADDRESS	
(408) 946-		CHUALEVELYN @ GHAIL. COM	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contain herein and in any attached schedules is true and complete. I acknowledge this is a public document.			
I certify under penalty	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
	15 NO 17	and Wind	
Date Signed	(month, day, year)	Signature (File the originally signed statement with your filling official.)	



(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

CiDate Initial Filing Received Official Use Only

DEC 2 1 2016

Please type or print in ink.	`	RECEIVE
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Lien	Hon	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Milpitas		
Division, Board, Department, District, if applicable		Your Position
Planning Commission		Commissioner
► If filing for multiple positions, list below or on an attachn	nent. (Do not	use acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one box)		
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
✓ City of Milpitas		_ Other
V Oity of		Office
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2015, throu	ıgh	Leaving Office: Date Left 11 , 15 , 2016
December 31, 2015.		(Check one)
The period covered is/	, through	 The period covered is January 1, 2015, through the date of leaving office. -or-
Assuming Office: Date assumed/		O The period covered is/, through the date of leaving office.
Candidate: Election year and	d office sought,	if different than Part 1:
4. Schedule Summary (must complete)	Total numb	er of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-		
None - No reportable interests on any sche	dule	
5. Verification		
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Document) 499 S. "Park Victory a "Dr."	Milpitas	CA 95035
DAYTIME TELEPHONE NUMBER	11111pitae	E-MAIL ADDRESS
(408) 439 - 1207		
I have used all reasonable diligence in preparing this staten herein and in any attached schedules is true and complete		viewed this statement and to the best of my knowledge the information containge this is a public document.
I certify under penalty of perjury under the laws of the		
alidit		110/11/10/
Date Signed 12/15/16		Signature VIIIV

(File the originally signed statement with your filing official.)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS CITY CIETY'S Office

COVER PAGE

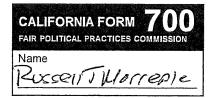
NOV - 8 2016

Please type or print in ink.			
NAME OF FILER (LAST) MOVVEale	(FIRST) Ryssell		(MIDDLE)
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) City of Milpitas Division, Board, Department, District, if applicable	Dire	ctor of Financia. Your Position	l Services
► If filing for multiple positions, list below or on an MIPIHAS OVERSELY BOX Agency: For the City of Mil	attachment. (Do not use acro well to the Rede Piters	onyms) Velopment Agence Position: Board Mel	Inber
2. Jurisdiction of Office (Check at least one	box)		
State		☐ Judge or Court Commissioner (S	Statewide Jurisdiction)
Multi-County		County of	
City of Milpitas		Other	
3. Type of Statement (Check at least one bo	ox)		
Annual: The period covered is January 1, 201 December 31, 2015.	5, through	Leaving Office: Date Left /(14,2016
The period covered is/	/, through	 The period covered is Janual leaving office. -or- 	ary 1, 2015, through the date of
Assuming Office: Date assumed/		The period covered is the date of leaving office.	
Candidate: Election year	_ and office sought, if differ	ent than Part 1:	······································
4. Schedule Summary (must complete) Schedules attached	► Total number of p	pages including this cover p	age;H
Schedule A-1 - Investments – schedule atta Schedule A-2 - Investments – schedule atta Schedule B - Real Property – schedule atta	ached Sch	nedule C - Income, Loans, & Busine nedule D - Income - Gifts - schedul nedule E - Income - Gifts - Travel F	e attached
☐ None - No reportable interests on an	y schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
455 E. Calaveras B/ DAYTIME TELEPHONE NUMBER (650) 739-5192	vd. Milpita	as CA il address	95035
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co			nowledge the information contained
I certify under penalty of perjury under the laws	of the State of California th	at the foregoing is true and correct	et.
Date Signed 11/2/2016	Signat	ure Millett	>
(month, day, year)	- 19.1	(File the originally signed state	ment with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

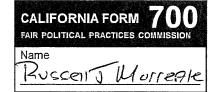


► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Microsoft	Prudential Insurance
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Technology	Insurance
FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000
	, —
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other
(Describe)	(Describe)
☐ Partnership ● Income Received of \$0 - \$499 ○ Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Sempra Energy	Apple
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Energy	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
✓ Stock	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Bank of America	Chevron
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financial	Energy
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000	☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other
(Describe)	(Describe)
Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF ADDITION OF LIGHT DATE:	IE ADDITION DE LIST DATE
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
·	11
Comments:	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

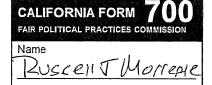
(Ownership Interest is Less Than 10%)



► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Ford	Honda Motor Company
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Automotive	Automotive
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$\sqrt{\$10,001} - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
✓ Stock Other	☑ Stock ☐ Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 OIncome Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u>, , 15</u> <u>, , 15</u>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
IDA Corp	US BAnk
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Energy	Finance
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership () Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
American Electric Power	Starbucks
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Energy	Food
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
HATHER OF HE FOR ISHT	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
O	9
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
·	•
Commenter	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)



▶	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
	Tesla	General Electric
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Automotive	Energy
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
		[
	NATURE OF INVESTMENT ✓ Stock Other	NATURE OF INVESTMENT ✓ Stock Other
	(Describe)	(Describe)
	Partnership Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
	○ Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
►	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Disney	American Water Works
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Entertainment	Utilities
	END MADVET VALUE	FAID MADIZET VALUE
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000	\$2,000 - \$10,000 \qquad \qquad \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
		Stock Other
	(Describe)	(Describe)
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
	·	
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
<u> </u>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	General Motors	Starbucks
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	<u> </u>	
	Automotive	Food
	FAIR MARKET VALUE	FAIR MARKET VALUE
	▼ \$2,000 - \$10,000	\$2,000 - \$10,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other	
	(Describe)	(Describe)
	Partnership Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
	O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
	•	•
C	omments:	